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**MADANG COMMITMENT
TOWARDS HEALTHY ISLANDS
March 2001**



World Health Organization



Secretariat of the Pacific Community

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FOREWORD

The WHO Regional Office for the Western Pacific and the Secretariat of the Pacific Community organized a meeting of Ministers of Health for the Pacific Island Countries in Madang, Papua New Guinea, from 14 to 15 March 2001. The ministerial meeting was preceded by a meeting of the directors of health. Both meetings were graciously hosted by the Government of Papua New Guinea.

The meeting of ministers of health was the fourth in a series that began in Yanuca Island, Fiji, in 1995 and continued in Rarotonga, Cook Islands in 1997 and Koror, Palau, in 1999. The Madang Commitment towards Healthy Islands extends the work that was done at those meetings, particularly with regard to consolidating the Healthy Islands approach as the unifying theme for health protection and health promotion in the Pacific. The challenge now is to institutionalize the Healthy Islands approach in order to ensure its sustainability.

The agenda of this meeting was more comprehensive than its predecessors and covered a number of critical issues for Pacific island countries, including communicable disease surveillance and response, tuberculosis, filariasis, diabetes, traditional medicine, mid-level and nurse practitioners, migration of health workers, open learning and health leadership and management development.

The Madang Commitment towards Healthy Islands, together with the Regional Action Plan for Healthy Islands 2001-2003, which is attached as Annex 1, is a practical and far-sighted document. It is an invaluable step on the way to ensuring that the island nations of the Pacific do indeed become Healthy Islands in the 21st century.



Shigeru Omi, MD, Ph.D.
Regional Director
World Health Organization

FOREWORD

The Meeting of Ministers of Health for the Pacific Island Countries, held in Madang, Papua New Guinea, from 14 to 15 March 2001 endorsed the Healthy Islands approach to public health and emphasized the importance of health factors in regional development.

The conclusions of the meeting contained in this document correspond closely to the Secretariat of the Pacific Community's new approach to public health. The Healthy Island concept can only become a reality if our demographer, lifestyle health adviser and renewable energy adviser work together with our Public Health Programme to take up the challenge of growing lifestyle-related diseases and disease outbreaks in the region.

This internal cooperation is needed more than ever, as is the close cooperation between WHO and the Secretariat of the Pacific Community, which was clearly demonstrated during the Madang meeting. The close collaboration between our two organizations will enable consistency to be maintained in regional initiatives.

In pursuing this objective, SPC will honour the "Madang Commitment" and its mandate.



Mr Yves Corbel
Deputy Director-General
Secretariat of the Pacific Community





MADANG COMMITMENT TOWARDS HEALTHY ISLANDS

Healthy Islands are places where children are nurtured in body and mind, environments invite learning and leisure, people work and age with dignity, the ecological balance is a source of pride, and the ocean is protected.

At a meeting in Yanuca Island, Fiji, in 1995, the Ministers and Directors of Health of Pacific Islands defined the concept of Healthy Islands as the unifying theme for health promotion and health protection in the island nations of the Pacific for the 21st Century. During the next two years Healthy Islands activities were begun in several Pacific island countries and an attempt was made to arrive at a pragmatic definition of the concept.

In Rarotonga, Cook Islands, in 1997, another meeting of Ministers and Directors of Health of Pacific Island countries provided a working definition of the Healthy Islands concept and a framework for developing Healthy Islands initiatives.

In Koror, Palau, in 1999, a third meeting stressed the role that Healthy Islands could play as a springboard for action. This meeting also recognized the many national initiatives that had taken place and the way that different countries had adapted the concept to address their own health priorities.

Country experiences have so far indicated that the Healthy Islands approach has three core elements. First is community action, as viable and sustainable Healthy Islands will depend on the will and participation of communities acting on their own and in collaboration with health and other services. Second is environmental management, as the Healthy Islands concept is directly concerned with improving the political, social, cultural, economic, and physical determinants of health. Third is policy and infrastructure development, as Healthy Islands activities must be incorporated into the work of health and other services.

The strengthened commitment to realizing the vision of Healthy Islands on the part of both Pacific island countries and supporting agencies was clearly expressed at a fourth meeting in Madang, Papua New Guinea, in March 2001. This document contains the recommendations of that meeting and reflects the unanimous commitment of the Ministers of Health to Healthy Islands.

**CONCLUSIONS AND RECOMMENDATIONS:
MEETING OF MINISTERS OF HEALTH
FOR THE PACIFIC ISLANDS
Madang, Papua New Guinea, 14-15 March 2001**

1. INTRODUCTION

The following are the conclusions and recommendations of the Meeting of the Ministers of Health for Pacific Island Countries held at Madang, Papua New Guinea, on 14 and 15 March 2001.

**2. PROGRESS IN IMPLEMENTATION OF THE
PALAU ACTION STATEMENT**

The Palau Action Statement (March 1999) included recommendations for six areas: Healthy Islands initiatives, human resources for health, pharmaceuticals, traditional medicine, noncommunicable diseases (NCD) and health information. The current meeting noted the progress that had been made in implementing these recommendations and reviewed, in particular, the progress of the Healthy Islands initiatives and the conclusions of the regional workshop on Healthy Islands held in Nadi, Fiji, in January 2001.

It was reported that significant progress had been made in implementing all of the recommendations. However, it was also noted that the stages of implementing the recommendations differed from country to country, and the further sharing of experiences and networking among countries was considered essential for a more uniform progress of Healthy Islands initiatives in all countries. It was stressed that the Healthy Islands approach should be institutionalized to ensure the sustainability of the initiative. The meeting confirmed that Healthy Islands is an overarching framework for health protection and health promotion in the Pacific, with the core elements of community action, environmental management and policy/infrastructure development.

Healthy Islands Regional Action Plan

The meeting reviewed a draft regional action plan on Healthy Islands for 2001-2003 prepared at the Nadi workshop. This plan features actions to be implemented by countries as well as by WHO, the Secretariat for the Pacific Community (SPC) and other international partner agencies in three areas: (1) strengthening capacity in implementation of Healthy Islands activities; (2) developing mechanisms for advocacy, communication and networking; and (3) setting up systems to ensure sustainability of projects and programmes. The meeting proposed to incorporate the development of methodologies for evaluation and monitoring. The regional action plan was amended accordingly, and is attached as Annex 1. The discussion on oral health is Annex 2.

3. COMMUNICABLE DISEASE SURVEILLANCE AND RESPONSE

General

The meeting recognized the need for sustained and renewed commitment to communicable disease prevention and control, given the continuing threats of outbreak-prone diseases (e.g. cholera, typhoid, dengue, leptospirosis, measles, and influenza), and the endemic burden of many others (e.g. malaria, respiratory infections, tuberculosis, and sexually transmitted infections). Effective surveillance and response was seen as essential to control of these diseases.

Pacific Public Health Surveillance Network

The meeting recognized the achievements of the Pacific Public Health Surveillance Network (PPHSN) over the past five years, through the activities of its Pacific island Member States and allied agencies and institutions. These achievements include the acceptance of PACNET (e-mail supported disease surveillance network for the Pacific) as a means of early warning of outbreaks, of communication among public health professionals, and of technical support. More recently, LabNet has expanded access to public health laboratory services in the Pacific by drawing on, supporting, and augmenting existing laboratory services. The active role of the PPHSN in responding to disease outbreaks was acknowledged.

The inclusion of national public health workers in a Pacific-wide network (EpiNet) is considered an appropriate mechanism for coordinating and standardizing efforts across the Pacific, for accessing wider support when needed, and for achieving efficiency in planning and response. The PPHSN provides an appropriate means for this purpose.

Strategic Plan and Plan of Action

Recommendations

Countries should:

- further strengthen national capacity for communicable disease surveillance and response by training and supporting responsible health workers, and by ensuring appropriate protocols and resources;
- engage in further development and finalization of the draft strategic plan and three-year plan of action, as initiated through the PPHSN Coordinating Body; and
- identify the staff responsible for surveillance and response, to participate in the activities of the PPHSN and its Coordinating Body.

International partners should:

- facilitate the development of the PPHSN Strategic Plan and Plan of Action by country representatives through such means as electronic communications, individual meetings, and subregional meetings in the Pacific; and

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- support the continuing activities of the PPHSN and its Coordinating Body through technical and, where possible, financial support, including ensuring the functioning of PACNET, LabNet, and EpiNet and the use of relevant technology.

4. TRADITIONAL MEDICINE

The participants noted the current role and importance of traditional medicine and the value of its integration into the health care system. The Apia Action Plan on Traditional Medicine in the Pacific Islands was acknowledged to be an important document. Several Ministers reported progress in several core areas of the Action Plan, such as development of a national policy and creation of traditional practitioner associations. Issues raised in the discussion, such as intellectual property rights and research, will be included in the report on traditional medicine to the fifty-second session of the Regional Committee in September 2001.

Recommendations

Countries should:

- develop a national policy on traditional medicine;
- encourage dialogue and collaboration between practitioners of traditional medicine and modern medicine;
- strengthen traditional medicine practitioner networks within and among island countries; and
- strengthen cooperation among Member States with regard to evaluation of efficacy and safety of traditional medicine and its ongoing development.

International partners should:

- support countries in the implementation of the Apia Action Plan; and
- make efforts to introduce a mechanism for protecting intellectual property rights of traditional knowledge on health and medicine, as a basis for countries to adopt the appropriate framework.

5. DIABETES

The meeting recognized the severe nature of the diabetes situation in the Pacific. It called for a strengthened regional approach and political commitment to the issues of pandemic diabetes and obesity. The need to implement the Western Pacific Declaration on Diabetes (WPDD) was reiterated and multiple examples were given of varied country experiences in the control of diabetes. The meeting highlighted the importance of integrating diabetes prevention and control as a priority into the Healthy Islands vision, and into the already strong primary health centre (PHC) networks in the Pacific.

General

Countries should:

- recognize that diabetes is a serious and costly public health problem that should be identified as a priority in the national health agenda; and
- increase partnership with civil society and community groups in order to combat diabetes and facilitate and foster national diabetes associations.

International partners should:

- assist countries in increasing the awareness of the diabetes epidemic in the Pacific; and
- provide support for the establishment and fostering of diabetes associations.

WPDD Goal 1. Primary prevention

Countries should:

- adopt evidence-based approaches (including community-based behavioural studies and environmental audit) to address the lifestyle determinants of diabetes and to create supportive environments, including passing legislation, where relevant;
- consider schools and young people as a prime target audience for primary prevention;

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- give priority to overweight and obesity in their prevention programmes and address other risk factors, such as tobacco and hypertension, which are important determinants of diabetes complications and other NCD risks; and
 - organize diabetes awareness weeks, possibly in connection with World Diabetes Day.

International partners should:

- provide support for primary prevention, for instance, providing technical support for KABP (knowledge, attitude, behavioural and practice) studies and developing resource materials to strengthen health promotion approaches to diabetes, including strengthening capacity for training;
- support studies of policy and legislative approaches to diabetes and NCD control and document experiences, best practices, and lessons learned.

WPDD Goal 2. Secondary prevention

Countries should:

- organize case-finding efforts for diabetes and ensure that those identified with the conditions are adequately followed up; and
- improve clinical management through adaptation, adoption and maintenance of clinical management guidelines for diabetes and major NCD.

International partners should:

- support strengthening of clinical management of diabetes through local adaptation of clinical management guidelines and development of systems for audit of clinical control.

WPDD Goal 3: Health services development

Countries should:

- organize diabetes and NCD clinical programmes within community-based care;
- designate and use a national reference centre to provide tertiary care, training and supervision; and
- aim for high-quality epidemiological information on diabetes and NCD supported by a population survey on risk factors and prevalence of diabetes and NCD at least once in 10 years and by economic studies on diabetes.

International partners should:

- support countries in their review of the cost-effectiveness of their patterns of service provision and assist them in making rational investment decisions in health care; and
- develop and promote international standards for diabetes and NCD surveys in order to assist in the collection of valid, comparable data on risk and prevalence.

6. STOP TB INITIATIVE

The meeting recognized the magnitude of the tuberculosis (TB) problem in the Pacific. Many Pacific island countries have rates of tuberculosis morbidity which far exceed the Western Pacific regional average.

The meeting acknowledged the strong commitment to tuberculosis control by Pacific island countries over the last few years. The Pacific Stop TB Initiative was established at a Pacific islands meeting on tuberculosis in June 2000, cosponsored by SPC and WHO, at which the Pacific Strategic Plan to Stop TB was developed. The meeting also recognized the important role of international partners for tuberculosis control in the Pacific. The key elements of tuberculosis control, including the expansion of directly observed treatment, short-course (DOTS) coverage, were endorsed by the meeting.

Countries should:

- strengthen commitment to implementing the Pacific Strategic Plan to Stop TB, and to achieving the following targets:
 - adoption of DOTS as the primary TB control strategy in all Pacific island countries by 2002; and
 - 100% enrolment of new smear-positive cases detected in the Pacific island countries under DOTS by 2005.
- ensure human and other resources, including laboratory support, are devoted to national TB control programmes.

International partners should:

- strengthen the technical support provided by regional agencies for tuberculosis control at national level.

7. FILARIASIS

The activities of the Pacific programme to eliminate lymphatic filariasis (PacELF) were discussed and the substantial progress made by countries and areas in the elimination of filariasis was recognized. It was also observed that countries were keen to extend/expand PacELF activities in all territories.

Countries should:

- strive for integration of filariasis control with other programmes at the sub-regional and country levels; and
- develop epidemiological network systems in line with PPHSN.

With regard to international support, it was noted that international support would be necessary to continue filariasis control programme in Pacific island countries. It was also observed that a Programme Review Group could be established within PacELF to review country activities and report on the progress of PacELF to the Member States and partners.

8. MID-LEVEL AND NURSE PRACTITIONERS IN THE PACIFIC

The meeting recognized the importance of mid-level practitioners in providing basic primary health care services for rural, remote and sparsely populated Pacific island communities. These frontline health workers have different titles and varying educational backgrounds in different countries.

The meeting acknowledged that different models of mid-level practitioners have evolved in order to meet the differing needs of the Pacific island countries.

The participants at the meeting conceded that no one model was ideal (despite the current trend to train nurse practitioners) and that countries and areas needed to choose the models most relevant to their health services structure and the services they provide.

This meeting provided Ministers with the opportunity to share experiences with different models and to review their existing mid-level practitioner workforce models in the light of changing conditions and resources.

Issues of monetary and non-monetary remuneration, promotion and legal implications also will have to be addressed in the upgrading of nurse practitioners to facilitate the retention of these health workers.

9. MIGRATION OF HEALTH WORKERS

The migration of skilled health workers from and into Pacific island countries is an important issue with major implications for improvement of health and development of health systems. The cooperation of all Pacific island countries and areas will be required if solutions are to be found for this long-standing problem.

A report was made on a study by WHO on the migration of health workers in the Pacific. The study was designed to determine the extent of the problem, evaluate the reasons for and the context of in and out migration, and review policies that would influence migration. So far, the study has covered American Samoa, Fiji, Palau, Samoa, Tonga and Vanuatu, and data have been gathered from migrant health workers in Australia and New Zealand. The study is scheduled for completion by October 2001 and a report will be distributed to governments for further discussion and action.

10. OPEN LEARNING

The meeting recognized the complexities of open learning in the framework of the development of human resources for health. It was noted that the term "open learning" addresses the need for distance education through traditional methods, and the use of modern technology.

The initiative for the development of open learning, including telehealth, arose from countries' and partner agencies' concern with human resources development. Support for human resources development focuses on the transfer, enhancement and retention of knowledge and skills by different categories and levels of health workers, as part of overall training and capacity building. The application of telemedicine has significant potential, according to the needs and opportunities in each country.

There is interest in principle in the benefits of open learning in the Pacific island countries and areas. At the same time, there are many concerns that need to be considered. These include, for example, human, technical and educational resources, management and operational expenditure, as well as legal and licensure issues.

Recommendations

Countries should:

- base development of open learning on an assessment of training needs and demands; and
- actively participate in regional consultations on open learning.

International partners should:

- consider, while developing (in collaboration with WHO) the strategy for open learning in Pacific island countries and areas, the considerable experience of applying and expanding open learning elsewhere in the world; and
- involve all partners and consider all available and appropriate sources of educational content and methods for the development of the strategy.

WHO should bring all national, regional and international partners together to exchange views and experiences, and to develop a consensus regarding the application of open learning.

11. THE HEALTH LEADERSHIP AND MANAGEMENT DEVELOPMENT PROGRAMME

The SPC, assisted by the Fiji School of Medicine, has designed a six-week certificate course for mid-level managers on leadership and management. The project has been funded by the New Zealand Official Development Assistance (NZODA) and a number of foreign institutions. The countries involved in the pilot phase are Fiji, Samoa, Solomon Islands, Tuvalu and Vanuatu.

The course is designed to enable mid-level managers to understand the challenges of leading and managing health ministries in the Pacific region, and develop the skills and knowledge needed to function efficiently in a decentralized work environment.

One of the strongest and most unique features of this particular programme is the establishment of a project coordinating committee, made up of heads of ministries of health and senior planners of participating countries. The committee also includes representatives from WHO, the Fiji School of Medicine, SPC and the AusAID-supported health reform programme in Suva.

Such a collaborative approach could well be a model for empowering island countries to determine their own training programmes and, ultimately, contribute to the improvement of health service delivery in the Region.

The Health Leadership and Management Programme concentrates on managing in an organization, managing programmes, managing people, and managing in a changing environment.

Strategic plan and plan of action

Recommendations

Countries should:

- increase support for training and development of mid-level managers in the Pacific health sector;
- select and suggest prospective study projects for the trainees; and
- endorse continued development/implementation of the SPC Health Leadership and Management Development Programme.

International partners should:

- support the development of mid-level managers in the Pacific health sector; and
- support the continuing activities of the SPC Health Leadership and Management Development Programme.

REGIONAL ACTION PLAN ON HEALTHY ISLANDS (2001-2003)

“Healthy Islands” is a broad-based participatory approach to, and an overarching framework for, health protection and health promotion in the Pacific for the 21st Century, that integrates various initiatives and programmes implemented by the health and other sectors. The vision of a Healthy Island, as stipulated in the Yanuca Island Declaration, is a place where children are nurtured in body and mind, environments invite learning and leisure, people work and age with dignity, ecological balance is a source of pride, and the ocean which sustains us is protected¹.

Country experiences to date in striving to achieve this Healthy Islands vision have so far indicated the core elements of “Healthy Islands” to be: community action, environmental management, and policy and infrastructure development. These elements and the vision of Healthy Islands will guide countries and international partner agencies in further promoting the Healthy Islands approach in the region. The Meeting of the Ministers of Health adopted the following regional plan of action to be implemented in the next 3 years.

1. To strengthen capacity in implementation of Healthy Islands activities

Country action

- (1) Define and implement a policy on health information relevant to Healthy Islands.
- (2) Develop a database of practical experiences in Healthy Islands to guide practice, train new entrants, and monitor the programme.
- (3) Mobilize at least two local communities to develop pilot healthy setting activities within the vision of Healthy Islands.

¹Palau Action Statement (Mar 1999): para 3 under Section A. Healthy Islands Initiatives.

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- (4) Integrate Healthy Islands into health worker training programmes to increase the availability of human resources skilled also in leadership and management.
 - (5) Develop implementation guidelines for various healthy settings (village, city, school, marketplace, and workplace) to facilitate result-specific programme planning and evaluation.
 - (6) Review public health legislation to accommodate the vision of Healthy Islands.
 - (7) Use environmental audit as a tool for identifying risk and protective factors within a given community's lifestyle and living conditions.

Action by the international community

- (1) A regional database should be compiled and comparative information fed back to national focal points. This database function should be active and should also include support for new research, such as documenting the relationship between health and economic development as a justification for investment in health.
- (2) Regional activities should be supplemented within countries by opportunities for consultancies that provide technical input, and sustain the momentum of action when this flags.
- (3) Develop training materials on issues relevant to Healthy Islands.
- (4) In collaboration with countries, develop operational indicators or characteristics of Healthy Islands that reflect the vision and core elements, for evaluation and monitoring.

2. To develop mechanisms for advocacy, communication, and networking

Country action

- (1) Set up an active advocacy effort such that:
 - political support is maintained, even when office-holders change; and
 - local ownership by communities is fostered so that they can sustain their own programmes independent of external support.

Action by the international community

- (1) The international community should review studies of the impact of world trade and environmental policies on the health of island communities and ensure consistency of these global agreements with the safety and wellbeing of these populations.
- (2) Periodic regional networking meetings for practitioners and policy-makers should continue to be held as a means of sustaining interest and support.
- (3) Articles on Healthy Islands should appear in regional newsletters to facilitate information and networking.

3. To set up systems that ensure the sustainability of projects and programmes

Country action

- (1) Healthy Islands Plans should be reflected in national development plans and budgets, and integrated in national health plans.
- (2) A multisectoral Healthy Islands coordinating team/structure should be established at national level with the dual functions of policy-setting and of overseeing implementation.
- (3) Technical Healthy Islands units should be established at provincial or district level to ensure smooth running of activities.
- (4) Countries should start to codify their processes of Healthy Islands into policies, laws, and standards, and then incorporate these into systems for training and public health practice. This would ensure the sustainability of Healthy Islands programmes and of the funding for them.

Action by the international community

- (1) A mechanism for facilitation of information exchange, such as a Regional Healthy Islands Centre, should be established. Such a mechanism could also take the form of a joint planning system between regional organizations.

ORAL HEALTH

The meeting recognized that other health issues had excluded oral health from the regional priorities in Healthy Islands.

The meeting also recognized the Oral Health Planning Summit 2001 and its recommendations to address sustainable development of oral health in the Region.

Recommendations

Countries should:

- Support initiatives to implement the resolutions of the Oral Health Summit 2001; and
- Support the establishment of the Pacific Oral Health Advisory Board and its terms of reference.

International partners should:

- Support and where possible facilitate implementation of the resolutions from the Oral Health Summit; and
- Support Oral Health where possible with technical and funding assistance.

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| | |
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